

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Every Voice Action		FEC IDENTIFICATION NUMBER ▼ C C00566208	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Buying Time		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014	
Mailing Address 650 Massachusetts Ave NW Ste 210		Amount 130691.00	
City Washington	State DC	Zip Code 20001-3728	Transaction ID : VN7BA9W2YH5
Purpose of Expenditure Advertising	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014	
Name of Federal Candidate Mike Rounds		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD	
Calendar Year-To-Date Per Election for Office Sought 351208.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Every Voice		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014	
Mailing Address 1133 19th St NW FI 9		Amount 1000.00	
City Washington	State DC	Zip Code 20036-3612	Transaction ID : VN7BA9W5X27
Purpose of Expenditure Social Media Advertisement Costs	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2014	
Name of Federal Candidate Mike Rounds		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD	
Calendar Year-To-Date Per Election for Office Sought 351208.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	131691.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly

[Electronically Filed]

Date

MM / DD / YYYY
10 / 04 / 2014

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014	
Mailing Address 114 Mansfield Hollow Rd # A		Amount 17531.32	
City Mansfield Center	State CT	Zip Code 06250-1316	Transaction ID : VN7BA9W5280
Purpose of Expenditure Mail	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2014
Name of Federal Candidate Carlos Curbelo		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Murphy Vogel Askew Reilly LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014	
Mailing Address 1199 N Fairfax St Ste 220		Amount 8126.12	
City Alexandria	State VA	Zip Code 22314-1437	Transaction ID : VN7BA9W6H63
Purpose of Expenditure Advertising	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate Mike Rounds		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25657.44
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	157348.44

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David Donnelly

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Date

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10 / 04 / 2014

Signature